

Horse and Hive Farm Rules

Barn Hours: No restrictions (Please let someone know if you plan to visit the barn after dark).
Managers Hours: 7:00am – 7:00pm

Merideth Erusha: (319) 395-7313
Amanda Caplan: (443) 690-3068

Owners: The farm owners are Ryan and Amber Frost. We want to hear from you! If you have any questions, comments, or concerns, please feel free to contact us directly.

Ryan: (410) 960-2332
Amber: (410) 935-5432 (e) alfrost811@gmail.com

You can also leave an anonymous note in the mailbox in the feed room.

Please be mindful of time of day whenever contacting any barn staff (Any contact before 9am and after 9pm should be for emergencies only).

Safety: Approved riding helmet MUST be worn while riding on the property. Safety vests are recommended.

Feeding: All horses are fed 2x a day. Rations and feed type are determined by each individual horse's need. You may supply your own feed as well. Horses requiring more than 6 quarts per day (2 full feed scoops) may incur additional fees.

Stalls: Cleaned once a day. If you put your horse in a clean stall, please be sure it is clean after the horse is turned back out.

Farrier/Vet/Dentist: Please contact Amber if you would like to be added to farm farrier rotation with Joe Ludford & Brooke Daneker. All boarders will be contacted when Vet/Dentist are scheduled. You are welcome to schedule your own as well.

Worming: Horses are wormed every other month before the 5th of the month (weather depending) for an additional cost per worming. Please contact Amber if you would prefer to set up your own worming schedule. Worming required: Jan, March, May, July, Sept, and Nov.

Halters: Please make sure a halter is available for your horse when needed. Some horses may be required to wear a break-away halter at all times, at the discretion of the barn staff.

Dogs: Please clean up after your dog, and check with other riders present before allowing your dog off leash. No dogs allowed in the riding ring at any time.

Clean-up: Please clean up after yourself at all times. This includes, but is not limited to: cleaning stalls after use, sweeping barn aisle and wash stall after use, cleaning ancillary shed of any mess, picking up manure left in driveways and paved areas of trails, etc. Please be considerate.

Supplements: Supplements will be given during feeding. If you have more than one medication or supplement for your horse(s), please bag individual doses together as a courtesy to the barn manager and employees. If you have additional needs, please contact barn manager and owners to discuss terms. Additional fees may be incurred.

Blanketing/Fly Masks: Blanketing and Fly masks will be put on and taken off by barn staff at their discretion. You are welcome to blanket your own horses as well, or discuss specific blanketing needs with Amber. Please make sure your blankets and fly masks are clearly marked, and in good working order.

Board Payment: Board is due on the 1st of every month. After the 10th of the month, it is considered late. Payments received after the 10th will be subject to a \$25.00 late fee. For each additional week late (7 days), another \$25.00 fee will be added. Invoices will be emailed or sent out when additional fees are required. Please let Amber know if email or snail mail is more convenient.

Checks can be left in the mailbox in the barn, or mailed to:

Horse & Hive Farm LLC
13220 Long Green Pike
Hydes, MD 21082

Notice: If you and your horse are leaving the farm, as much notice as possible is appreciated, but 30 days' notice is required. If you leave before the thirty days, you will still be billed for the full 30 days.

Courtesy: Please be courteous to all boarders, employees, owners, and animals on the property. Disrespect will not be tolerated. Optional boarder meetings will be held at the farm as needed. Please use that venue to voice any concerns. Any violation will be given one warning, and then boarder will be asked to leave.

Horse Care: Farm vet will be scheduled once yearly for spring shots. E/W Encephalitis, Tetanus, Flu-Rhino, Botulism, West Nile and Rabies are required. Coggins required for horses leaving the premises. You may use another vet, but please provide a copy of vaccinations given.

Equine Dentist will be scheduled once yearly. Yearly teeth-floating is highly recommended.

Farrier: All horses feet must be regularly maintained. Please contact Amber if you would like your horse(s) scheduled in the barn rotation with Joe Ludford or Brooke Daneker.

*I have read and understand the above rules for boarding my horse(s) at Horse and Hive Farm, and agree to abide by these terms.

X _____

Print: _____ Date: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND IDEMNITY AGREEMENT**

Horse and Hive Farm LLC

In consideration for being permitted to purchase products and services from Horse & Hive Farm (hereinafter referred to as "The Farm" and utilize its facilities and equipment and to engage in horseback riding and related activities (hereinafter referred to as "horseback riding").

I, _____ on behalf of myself (and my minor
child _____)

Residing at _____ in _____, _____ [Street
Address] [City] [State] [Zip]

_____,
Best Phone Number

_____, _____ Emergency
Contact Name Phone Number

- 1.** Forever RELEASE and DISCHARGE The Farm, its directors, agents, employees, instructors, and owners of the horse and stables (hereinafter collectively referred to as "Released Parties") from any and all liabilities, claims, demands or cause of action that I may hereafter have for injuries and damages arising out of my or my child's participation in activities at The Farm.
- 2.** Acknowledge that horseback riding is an inherently dangerous activity and involves risks that may cause serious injury and in some cases death, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
- 3.** Acknowledge that wearing a helmet approved by ASTM/SEI for the purpose of horseback riding is a requirement for my child or me, and I understand that injury or death may result from my or my child's participation in horse back riding even when a safety helmet approved by ASTM/SEI is worn properly.
- 4.** Acknowledge that a horse may, without warning or any apparent cause, buck, stumble, trip, roll, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person; saddles or bridles may loosen or break- all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
- 5.** Understand that if I or my child am pregnant, a doctor has been consulted regarding the safety of myself, my child, or my unborn child or my child's unborn child, and that serious injury or death to myself, my child, my unborn child, or my child's unborn child could arise due to the dangers involved in horseback riding, as stated above.
- 6.** Voluntarily assume the risk and danger of injury or death inherent in the handling or riding of a horse, and use of saddles, bridles, equipment and gear provided to me or my child by the released parties.

7. Release, discharge and promised not to sue the Released Parties or any loss, damaged, injury (including death) or cost to my or my child's person or property arising out of horseback riding or handling a horse, use of saddles, bridles, equipment or gear provided by the Released Parties.

8. Release the Released Parties from any claim that such Released Parties were negligent in connection with my or my child's riding a horse, including but not limited to training or selecting horse, maintenance, care, fit, or adjusting of saddles or bridles, instruction on riding skills or leading and supervising riders, which resulted in loss, damage injury or both.

9. Indemnify, and save and hold harmless the Released Parties from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding a horse and/or use of any saddles, bridles, and equipment or gear provided therewith resulting from or contributed to by my own negligence.

10. Expressly agree that foregoing release and assumption of risk, and indemnity agreement is governed by the law of the State of Maryland and intended to be as broad and inclusive as is permitted by law, and that in the event any portion of this Agreement is determined to be invalid or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I have read this document; I understand it is a promise not to sue and to release The Farm, its owners, employees and agents, for all claims. I have made a free deliberate choice to sign this Release and Waiver as a condition to the Released Parties allowing me or my child to participate in horseback riding activities.

Printed name of Participant

Signature of Participant

Date

Signature of Parent or Guardian

Date (If participant is under 18 years of age)